



TACTICAL RESPONSE REPORT/Chicago Police Department

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| MEMBER INVOLVED | | 1. DATE OF INCIDENT 11-NOV-2016 | | TIME 04:30:00 | | 2. ADDRESS OF OCCURRENCE 1333 N CLEVELAND AVE CHICAGO, IL 60610 | | 3. LOCATION CODE 090 | | 4. BEAT/OCCUR 1821 | | 5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO | | | | | | | |
| | | 6. POSITION 9161 | | 7. LAST NAME KOCIOLEK | | 8. FIRST NAME MICHAEL W | | 9. STAR NO. 18244 | | 10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 11. RACE CODE WHI | | 12. AGE 511 | | 14. WT. 177 | | | |
| SUBJECT INFORMATION | | 15. DATE OF APPT. 04-NOV-2013 | | 16. EMPLOYEE NO. [REDACTED] | | 17. UNIT & BEAT OF ASSIGNMENT 018 1833R | | 18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | | | |
| | | 21. LAST NAME JONES | | 22. FIRST NAME PIERRE | | 23. MA. L | | 24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 25. RACE BLK | | 26. D.O.B. 23-NOV-1963 | | 27. HT. 604 | | 28. WT. 180 | | | |
| REASON FOR USE OF FORCE (Check all that apply) | | 29. ADDRESS 1444 N CLYBOURN AVE CHICAGO, IL 60610 | | 30. TELEPHONE NO. | | 31. WAS SUBJECT ARMED? (MOUTH, SPIT, ETC) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | |
| | | 34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None | | 35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER | | 36. BY WHOM? | | 37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | | | | | | | | | | |
| | | 38. CHARGES PLACED | | | | 39. CB NO. 19396499 | | JR NO. | | | | | | | | | | | |
| | | ***** PLEASE SEE NEXT PAGE ***** | | | | | | | | | | | | | | | | | |
| SUBJECT'S ACTIONS | | 40. PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAULT: ASSAULT | | ASSAULT: BATTERY | | ASSAULT: DEADLY FORCE | | | | | | | | | |
| | | DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____ | | FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER SPIT IN RIO'S FACE <input type="checkbox"/> PERCEIVED AS _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____ PERCEIVED AS _____ | | | | | | | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION <input type="checkbox"/> LEAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CAVINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | FIREARM <input type="checkbox"/> OTHER _____ | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | | 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | RANK | | STAR NO. | | UNIT NO. | | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | | | |
| | | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | | | | | | | | | | | | |
| | | 46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 47. INCIDENT OCCURRED <input checked="" type="checkbox"/> indoors <input type="checkbox"/> outdoors | | 48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 49. WEATHER CONDITIONS CLEAR | | | | | | | | | | | |
| | | 50. MAKE/MANUFACTURER | | 51. MODEL | | 52. BARREL LENGTH | | 53. CALIBER/GAUGE | | | | | | | | | | | |
| | | 54. TASER PART ID NO | | 55. WEAPON SERIAL No. (Include Letters) | | 56. CHICAGO GUN REG NO. | | 57. IL FIREARM OWNER ID. NO. | | 58. HANDGUN CERTIFICATE NO. | | | | | | | | | |
| | | 59. SPECIAL WEAPON CERTIFICATE NO. | | 60. PROPERTY INVENTORY NO. | | 61. TYPE OF AMMUNITION USED | | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER | | 63. TOTAL NO. OF SHOTS MEMBER FIRED | | | | | | | | | |
| | | 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) | | 65. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | | | | | | | | | | |
| | | 68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 70. DID MEMBER USE GLOVES <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | | | | | | | | | | |
| | | 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) | | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION | | 74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | | | |

LOG # 1082962

Attachment # 10

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| CASE INFORMATION | 77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | 75. EVENT NO. 1631601759 | | |
| | 78. ADDITIONAL INFORMATION ARRESTEE SPIT BLOOD AND SALIVA IN THE FACE OF R/O. | | | | | |
| SIGNATURES | 79. REPORTING MEMBER (Print Name) KOCIOLEK, MICHAEL W 11-NOV-2016 10:37:18 | | STAR/EMPLOYEE NO. 18244 | SIGNATURE  | 76. R.O. NO. HZ510861 | |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | | |
| | 80. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A | | STAR NO. 2075 | SIGNATURE  | | DATE REVIEWED TIME 11-NOV-2016 11:32:34 |

SUBJECT
INFORMATION

10. CHARGES PLACED

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-5-A, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

☐ DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSEER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

31. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject taken to IL Masonic Hospital directly, so the R/Lt was unable to interview him.

32. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Officer Kociolek was hit in the eye by spit from the offender that was mixed with the offender's blood. The R/Lt has determined that further investigation is necessary.

33. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G53-92-05

34. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1082952 OBTAINED

35. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

36.

TRR _____ OF _____ TRR(S)

37. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME

11-NOV-2016 11:43:38

LOG # 1082952

Attachment # 1D